YOUR 2027 BENEFIT OPTION SELECTION FORM

Members who wish to change their benefit option for 2027 need to complete this form and return it to reach the Fund by no later than Friday, 11 December 2026. Your choice of benefit option as indicated below will be effective from 1 January 2027.

PRINCIPAL MEMBER'S DETAILS

Membership number

First names

Surname

Contact number

Email address

Current benefit option ☐ Network Option ☐ Saver Choice Option ☐ Saver Option ☐ Comprehensive Option

YOUR OPTION SELECTION FOR 2027

Please tick the appropriate block next to the option name.

☐ **NETWORK OPTION**

Please tick your monthly income below:

- ☐ R0 - R12 300
- ☐ R12 301 - R15 100
- ☐ R15 101+

Your Network GP	Practice number
Your Network dentist	**Practice number**

☐ **SAVER OPTION (Member restricted to use Mediclinic or Netcare hospitals)**

☐ **SAVER CHOICE OPTION (Member may use any hospital)**

☐ **COMPREHENSIVE OPTION (Member may use any hospital)**

Signature of principal member

Date D D M M Y Y Y Y

THIS FORM MUST BE COMPLETED AND RETURNED TO REACH THE FUND BY FRIDAY, 11 DECEMBER 2026.

RETURN TO: membership@wooltruhealthcarefund.co.za or by post to
Wooltru Healthcare Fund Membership, PO Box 2212, Bellville 7535